

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on January 12, 2004.

I. DISPUTE

Whether there should be additional reimbursement for CPT code 99456-NM rendered on 9/10/03.

II. RATIONALE

Review of the requestor's request for reconsideration letter dated November 10, 2003 states in part, "We originally billed **\$350** per pages 255-259 (attached) of the New Texas Medical Fee Guidelines for a **Designated Doctor Impairment Rating Evaluation (Base \$350) where claimant is Not at MMI. You paid \$297.50. We do not agree that our bill should have been reduced, as we billed correctly per the MFG. Please re-consider and provide payment of \$52.50...**a Designated Doctor performed the evaluation..."

The respondent did not submit a position statement.

Review of the carrier's EOB with an audit date of 10/28/03 revealed the requestor billed for CPT code 99456-NW in the amount of \$350.00. The carrier reimbursed the requestor the amount of \$297.50 and denied the remaining amount of \$52.50 with no rationale for reduction. Review of the carrier's EOB with an audit date of 12/3/03 revealed that the carrier has re-audited the bill and denied the remaining balance of \$52.50 as "O-Denial after reconsideration", "(920-002)-In response to a provider inquiry, we have re-analyzed this bill and arrived at the same recommended allowance." According to the TWCC Rule 134.202 (e)(6)(C)(iii) an examining doctor, other than the treating doctor, shall bill using the "Work related or medical disability examination by other than the treating physician..." Reimbursement shall be \$350.00 for the MMI evaluation. According to the TWCC Rule 134.202 (e)(6)(D)(iii)(III); "If the examining doctor performs the MMI examination and the IR testing of the musculoskeletal body area(s), the examining doctor shall bill using the appropriate MMI CPT code with modifier 'WP.' Reimbursement shall be 100% of the total MAR. According to the TWCC Rule 134.202 (e)(6)(D)(iii)(II)(-a-), the MAR for musculoskeletal body areas shall be as follows, \$150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4th edition is used. According to the MMI/IR report dated 9/10/03 the designated doctor performed an MMI examination and the spine DRE method. Therefore, the requestor is entitled to an additional reimbursement in the amount of \$52.50.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 99456-NW in the amount of **\$52.50**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$52.50** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 16th day of April 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

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